

IDAHO BOARD OF NURSING
Post Office Box 83720, Boise, Idaho 83720-0061

ANNUAL REPORT OF
NURSING EDUCATION PROGRAM
2007 - 2008 SCHOOL YEAR

Name of nursing education program:

Address: _____
(Street and Number) (City, State, Zip Code)

Name of parent institution:

(College, University)

Address: _____
(Street and Number) (City, State, Zip Code)

Institutional Accrediting Organization/ Accreditation Status: _____

Name and title of chief administrative officer of parent institution:

Name and title of Dean/Director with responsibility for nursing education program:

Name and title of Chairperson/Director of nursing education program:

Signature and title of person submitting report:

(Signature)

(Title)

A. PHILOSOPHY AND OBJECTIVES

1. The statement of philosophy of the program and/or institution has been revised in the past year. YES ☐ NO ☐
If yes, attach the revised statement.
2. The program objectives have been revised in the past year. YES ☐ NO ☐
If yes, please attach the objectives as revised.

B. ADMINISTRATION AND ORGANIZATION

1. Name and title of person with responsibility for administration of the nursing program:

2. Complete the information indicated on the "Nursing Education Program Faculty" chart (**Form I-1.**) for all nursing faculty currently employed.

Please attach "Faculty Biography Forms" (**Form I-2.**) for any new faculty for whom these forms have not been submitted.

Please submit "Addendum to Faculty Biography Forms" (**Form I-3.**) for all faculty who have previously submitted a "Faculty Biography Form."

3. What is the current faculty-student ratio in clinical courses? _____
4. Does the program include a clinical preceptorship course/option?
YES ☐ NO ☐
If yes, attach criteria for selection of preceptors, faculty and preceptor responsibilities.
5. What is the maximum preceptor-student ratio? _____
6. Is the program currently accredited by the National League for Nursing Accrediting Commission? YES ☐ NO ☐ PENDING ☐

By the Commission on Collegiate Nursing Education?
YES ☐ NO ☐ PENDING ☐

7. If yes, please indicate accreditation status and date the accreditation expires:

C. FINANCIAL

1. Are funds allocated to the nursing education program adequate to support program needs, including faculty, support personnel, equipment, supplies, etc.? YES ☐ NO ☐ (*If no, please explain.*)

2. How many hours a week, on average, do faculty spend on the following activities?
- _____ Student advising
- _____ Classroom/clinical instruction
- _____ Instructional preparation
- _____ Institutional responsibilities (including research)

D. STUDENTS

1. If admission, progression, and/or graduation criteria have been revised in the past year, indicate below and attach revised criteria.
- ☐ Admission criteria have been revised.
- ☐ Progression criteria have been revised.
- ☐ Graduation criteria have been revised.

2. Provide requested information for the following indicated years:

	2006-2007	2007-2008
TOTAL NUMBER OF QUALIFIED APPLICANTS		
TOTAL NUMBER ADMITTED		
TOTAL NUMBER WITHDREW		
ATTRITION RATE		NA

3. Identify primary reason(s) given for withdrawal:

- ☐ Academic
- ☐ Financial
- ☐ Personal

☐ Other: _____

4. Current enrollment: 1st Year Students: _____
- Continuing Students: _____
- (2nd, 3rd, 4th year students, etc.)

5. Total number of graduates from October 2006 to October 2007: _____

FOR RN EDUCATION PROGRAMS ONLY:

6. How many students currently enrolled are licensed as RNs? _____
- How many students currently enrolled are licensed as LPNs? _____

E. COOPERATING CLINICAL FACILITIES/AGENCIES

1. Include information requested for all cooperating agencies used for students' clinical experience on **Form II-1**.
2. Are written agreements between program and agency current and available?
- YES ☐ NO ☐ (If no, please explain.)

3. Have there been revisions to the curriculum within the last academic year?
YES ☐ NO ☐
4. For each academic year in the program, indicate class contact hours and semester credits awarded for nursing courses:

	1 ST YEAR	2 ND YEAR	3 RD YEAR	4 TH YEAR
TOTAL CLASSROOM HOURS				
TOTAL CLINICAL HOURS				
TOTAL SEMESTER CREDITS				

Total number of semester credits required for graduation (include both nursing and non-nursing): _____

- *5. Does the program incorporate simulated experiences in lieu of the traditional clinical experience with patients? _____

F. CURRICULUM

1. Indicate course numbers/titles, which address the following didactic and/or clinical content:

a. For Practical Nursing Programs:

_____ Communication and information systems concepts

_____ Behavioral and social science concepts that serve as a framework for understanding growth and development throughout the life cycle, human behavior, interpersonal relationships, cultural diversity

_____ Physical and biological sciences concepts that help the student gain an understanding of the principles of scientific theory and computation

_____ Nursing concepts that provide the basis for understanding the principles of nursing care and appropriate correlated clinical practice experiences to assure development of competencies as a member of the interdisciplinary team

_____ Concepts regarding legal, managerial, economic, ethical issues related to responsibilities of the practical nurse

b. For Professional Nursing Programs:

_____	Nursing didactic and practice experience that establish the knowledge base for demonstrating beginning competency related to nursing practice
_____	Nursing didactic and practice experience that establish the knowledge base for demonstrating beginning competency related to systems thinking and interdisciplinary team function
_____	Nursing didactic and practice experience that establish the knowledge base for demonstrating beginning competency related to the promotion and restoration of optimal health in clients across the life span in a variety of primary, secondary and tertiary settings focusing on individuals, groups and communities
_____	Concepts in written and oral communication, values clarification, scientific inquiry, computation and informatics
_____	Behavioral and social sciences concepts that serve as a framework for the understanding of growth and development throughout the life cycle, human behavior, interpersonal relationships, cultural diversity and economics related to the social context of healthcare
_____	Physical and biological sciences concepts that help the student gain an understanding of the principles of scientific theory
_____	Arts and humanities concepts
_____	Concepts regarding research, nursing theory, legal and ethical issues, trends in nursing, principles of education and learning, professional responsibilities
_____	Experiences that promote the development of leadership and management skills, interdisciplinary and professional socialization

c. For Advanced Practice Professional Nursing Programs:

_____	Advanced theory and research in nursing
_____	Biological and behavioral sciences
_____	Interdisciplinary education
_____	Cultural Diversity
_____	Economics
_____	Informatics
_____	Legal and professional responsibilities of a graduate-prepared nurse
_____	Didactic and supervised practice experience relevant to the advanced practice nursing specialty

G. *Please answer the questions below. (You may use this page or attach the answers on a separate page.)*

1. What do you consider to be the strengths of your program?

2. What do you see as areas of your program that need improvement?

FACULTY BIOGRAPHY FORM

(for new faculty only)

1. Name _____
2. Position Title _____
3. Course(s) Currently Teaching _____

4. Content/Clinical Area of Focus _____
5. Basic Nursing Education
NAME OF SCHOOL: _____
ADDRESS OF SCHOOL: _____
(Street Address) (City, State, Zip Code)
6. Other Nursing Degree(s) _____
College or University _____ Year _____
7. Credits Toward Additional Nursing Degree:
(Please list all courses for which you have received academic credit toward additional nursing degrees
– use back of page if needed or attach copy of transcript).

COURSE TITLE	CREDIT HOURS	COLLEGE/UNIVERSITY	YEAR TAKEN

Projected Graduation Date: _____

8. Please list all positions held in the past ten years, beginning with your most recent position:

POSITION TITLE	EMPLOYER	DATES OF EMPLOYMENT	
		FROM	TO

ADDENDUM TO
FACULTY BIOGRAPHY FORM

(for continuing/returning faculty)

1. Name _____
9. Position Title _____
10. Course(s) Currently Teaching _____

11. Academic degrees held (indicate major) _____

12. List any courses for which you received college or university credit within the past year (or attach a transcript):

NAME OF COURSE	CREDITS	EDUCATIONAL INSTITUTION

13. List continuing education and professional activities in which you participated during the past year:

ACTIVITY	LOCATION

14. List any college or university committees on which you served during the past year:

FACILITIES/AGENCIES USED FOR STUDENTS' CLINICAL EXPERIENCE

HOSPITALS/LONG TERM CARE FACILITIES:

NAME OF FACILITY	LOCATION (City/State)

OTHER AGENCIES (PUBLIC HEALTH CLINICS, SCHOOLS, CLINICS, ETC.):

NAME OF AGENCY	<i>TYPE OF AGENCY</i>	<i>LOCATION (City/State)</i>

